

**CONSORTIUM MEMBER  
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

1. Consortium Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (voice) \_\_\_\_\_ (fax) \_\_\_\_\_

Consortium Plan Identification Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Consortium ADPM

\_\_\_\_\_  
Typed/Printed Name Consortium ADPM

\_\_\_\_\_  
Date

2. Company/Operator Name: \_\_\_\_\_

d/b/a (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (voice) \_\_\_\_\_ (fax) \_\_\_\_\_

3. Company/Operator Antidrug Program Manager (ADPM): \_\_\_\_\_

4. Type of Operator:

☐ Part 121.

☐ Part 135.

☐ Part 135.1(c) operator (sightseeing only).

☐ Part 145 (repair station)

☐ ATC facility.

☐ Contractor.

**FAA Certificate Number**

\_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

N/A

\_\_\_\_\_

N/A

FOR FAA USE ONLY

Plan Identification Number \_\_\_\_\_

APPROVED \_\_\_\_\_

\_\_\_\_\_  
Drug Abatement Division  
Federal Aviation Administration

**5. Number of Safety-Sensitive Employees:**

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
<b>Total</b>	<b>=====</b>		

**6. Contractors:** Part 121, 135, 135.1(c) operators will ensure that any contract company's employees performing covered functions for them are included in an FAA-approved antidrug plan and an alcohol misuse prevention program.

**7. Medical Review Officer (MRO):** As identified in consortium program.

**8. DHHS-Certified Laboratory:** As identified in consortium program.

**9. Specimen Collection Procedures:** As listed in consortium program

**10. EAP Education and Training:** As outlined in consortium program.

**11. Testing for Pre-employment, Periodic, Random, Post-Accident, Reasonable Cause/Suspicion, Return to Duty, and Follow-up:** As outlined in consortium program.

**12. Recordkeeping/Confidentiality:** All *employers* are responsible for maintaining antidrug program records. Records will be maintained in accordance with the requirements of part 121, appendices I and J. The company/operator will release drug testing results and rehabilitation information only with the written consent of the employee involved with the exceptions provided in part 121, appendices I and J.

**13. Reporting:** Annual reports of antidrug and alcohol misuse prevention program results will be provided to the FAA in accordance with the requirements of 14 CFR part 121, appendices I and J.

**Company/Operator Certification Statement:**

I certify that I am authorized to represent \_\_\_\_\_ in this matter, that the  
(company/operator name)  
information in this document is correct to the best of my knowledge and belief, and that  
\_\_\_\_\_ will comply with the provisions of the FAA's antidrug and alcohol  
(company/operator name)  
misuse prevention program regulations and with the terms therein.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Typed name** \_\_\_\_\_ **Title** \_\_\_\_\_  
(Company/Operator ADPM)

When completed by both Company/Operator and Consortium, mail to:

Federal Aviation Administration  
Drug Abatement Division, AAM-800  
800 Independence Avenue, S. W. Room 803  
Washington D. C. 20591